

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90194 014 ***150.00

DOCUMENT # S P000000020040
1. Entity Name
SHARON KLINGLES SMITH, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
LANDMARK REALTY
Suite, Apt. #, etc. 1227 South PATRICK
City & State SATELLITE Bch.
Zip 32937 Country USA

3. Mailing Address
655 ANDERSON CT.
Suite, Apt. #, etc. SATELLITE Bch.
City & State
Zip 32937 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59.3625054
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name SHARON KLINGLES SMITH
Street Address (P.O. Box Number is Not Acceptable)
655 ANDERSON CT.
City SATELLITE Bch. FL Zip 32937

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$500.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>SHARON KLINGLES SMITH</u> <u>655 ANDERSON CT.</u> <u>SATELLITE BEACH FL 32937</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <u>EDWARD KLINGLES SMITH</u> <u>655 ANDERSON CT.</u> <u>SATELLITE BEACH FL 32937</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> <u>EDWARD KLINGLES SMITH</u> <u>655 ANDERSON CT.</u> <u>SATELLITE Bch. FL 32937</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER</u> <u>SHARON KLINGLES SMITH</u> <u>655 ANDERSON CT.</u> <u>SATELLITE Bch. FL 32937</u>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON KLINGLES SMITH

4/25/02

Daytime Phone #

321-403-5333

CR2E034B (12/01)